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Practitioner's Docket No. 31695-1001

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: James E. Becvar, et al.

Application No.: 10/689,140

Group No.: 1655

Filed: October 17, 2003

Examiner: Michele C. Flood

For: Luminous Bacteria and Method for the Isolation, Identification and Quantitation of Toxicants

**Mail Stop Petition**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**PETITION TO ACCEPT COLOR DRAWING**

**(37 C.F.R. § 1.84(a)(2))**

1. This petition is for the acceptance of color drawings (37 C.F.R. § 1.84(a)(2))
2. Attached hereto are three (3) sets of color drawings
3. Please amend the specification, by inserting the following language as the first paragraph of the specification beginning a brief description of the drawing or photograph (page 19 between line 15 and 17 ).

"The patent or application file contains at least one drawing executed in color. Copies of this patent with color drawing(s) will be provided by the Patent and Trademark Office upon request and payment of necessary fee."

4. The reason(s) for the need for color drawings or photographs in this application is/are as follows:

The detail of the presence of the luminous bacteria on the plates is not clear in black and white and cannot adequately be conveyed with a drawing. The images are required for the full appreciation of the invention.

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130.00 OP

5. The petition fee required to waive the requirements of § 1.84 (37 C.F.R. § 1.17(h)–\$130.00) is paid as follows:

- ☒ Attached is a ☒ check ☐ money order in the amount of \$ 130<sup>00</sup>
- ☒ Authorization is hereby made to charge the amount of \$ 130.00
- ☐ to Deposit Account No. 13-4213
- ☒ to Credit card as shown on the attached credit card information authorization form PTO-2038.

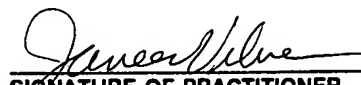
**WARNING:** Credit card information should *not* be included on this form as it may become public.

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.
- ☐ A duplicate of this paper is attached.

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SIGNATURE OF PRACTITIONER

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